

**Application Data Sheet**

**APPLICATION INFORMATION**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: WEST NILE VIRUS VACCINE

Attorney Docket Number:: 252007

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: Yes

Latin Name::

Variety denomination name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Alexander  
Middle Name:: A.  
Family Name:: KHROMYKH  
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Country of Residence:: Australia  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Roy  
Family Name:: HALL  
City of Residence:: Graceville  
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City of mailing address:: Graceville  
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## CORRESPONDENCE INFORMATION

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## REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation::      Registration Number::      Representative Name::

## DOMESTIC PRIORITY INFORMATION

|                   |   |                      |                      |
|-------------------|---|----------------------|----------------------|
| Application::     | Continuity Type::   | Parent Application:: | Parent Filing Date:: |
| This Application  | National Stage of   | PCT/AU2004/001505    | 10/29/04             |
| PCT/AU2004/001505 | An application<br>claiming the<br>benefit under 35<br>USC 119(e) of | 60/515,267           | 10/29/03             |

## FOREIGN APPLICATION INFORMATION

Country::      Application Number::      Filing Date::      Priority Claimed

## **ASSIGNEE INFORMATION**

|   |                              |
|---|------------------------------|
| Assignee name::                         | The University of Queensland |
| Street of mailing address::             |                              |
| City of mailing address::               | St. Lucia                    |
| State or Province of mailing address::  | Queensland                   |
| Country of mailing address::            | Australia                    |
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